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3723  
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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/015,257	
	Filing Date	December 13, 2001	
	First Named Inventor	JONES et al.	
	Art Unit	3723	
	Examiner Name	GRANT, ALVIN J.	
Total Number of Pages in This Submission	18	Attorney Docket Number	13DV-14141/11730 (21635-0052)

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  <b>Return Receipt Postcard; Certificate of First Class Mailing</b>
<div>Remarks</div> <div><b>RECEIVED</b> AUG 04 2004 TECHNOLOGY CENTER R3700</div>		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	McNees Wallace & Nurick LLC Carmen Santa Maria
Signature	<i>Carmen Santa Maria</i>
Date	July 27, 2004

### CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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Signature	<i>Kimberly A. Newell</i>	Date	July 27, 2004

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# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 110

Complete if Known

Application Number 10/015,257  
Filing Date December 13, 2001  
First Named Inventor JONES et al.  
Examiner Name GRANT, ALVIN J.  
Art Unit 3723  
Attorney Docket No. 13DV-14141/11730 (21635-0052)

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Account  
Number

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Account  
Name

McNees Wallace & Nurick LLC

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☒ Charge fee(s) indicated below ☒ Credit any overpayments  
☐ Charge any additional fee(s) during the pendency of this application  
☐ Charge fee(s) indicated below, except for the filing fee  
to the above-identified deposit account.

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1) (\$ 0)

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Extra Claims		Fee from below		Fee Paid	
Total Claims	<input type="text"/>	** =	<input type="text" value="0"/>	X	<input type="text"/>	=	<input type="text" value="0"/>
Independent Claims	<input type="text"/>	** =	<input type="text" value="0"/>	X	<input type="text"/>	=	<input type="text" value="0"/>
Multiple Dependent				X	<input type="text"/>	=	<input type="text" value="0"/>

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